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LAVILLA, MICHAEL B 1775 502-117000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication for indication for "Fee Address" indication for indication for "Fee Address" indication for	nonprovisional NO		\$1330		\$0	\$1330	12/09/2004
LAVILLA, MICHAEL E 1775 502-117000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Chirotech Technology Limited  Cambridge, United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to peopit Account Number 04-1512 charge the required fee(s), or credit any overpayment, to peopit Account Number 04-1512 charge the required fee(s), or credit any overpayment, to peopit Account Number 04-1512 charge the required fee(s).  5. Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).	-		ADTIMIT		CLASS SUBCLASS	` 1	
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Chirotech Technology Limited  Cambridge, United Kingdom  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1512 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
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	a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA	ALL ENTITY status. See 37	7 CFR 1.27(g)(2).

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